Instructions E54 - Stage I Gasoline Throughput

Please complete this form and return to the address below **NO LATER THAN APRIL 15** of the year after the reporting year. Complete the requested information for each facility on separate forms. **Only include facilities located in Louisville Metro/Jefferson County, Kentucky.**

For **Plant ID**, for facilities covered by a Title V operating permit, enter the plant ID (also called EIS number) assigned to this facility by the Louisville Metro Air Pollution Control Distict. If the facility has only a gasoline dispensing permit, then enter the permit number on the facility's APCD gasoline dispensing operating permit.

In the table, list the amount of gasoline dispensed in each month of the reporting year.

The "Page Identifier" box at the bottom of the form is provided as a place where you can enter your own identifier for each copy of this form among the other pages in your emissions inventory submittal.

Louisville Metro Air Pollution Control District Form E54 - Stage I Gasoline Throughput

Plant ID:	or gas operating permit #			Emission Year:	
Company Name:					
Facility Name:					
Facility Street Address:				ZIP Code:	
Company Contact Pe	erson:				
Name:			Title:		
Phone #:		E-Mail Address:			
Mailing Address:					
City:		State:		ZIP Code:	
Oity.		•		zii code. _[
	Throughput				
	Month	Gallons of Ga	soline		
	January				
	February				
	March				
	April				
	May				
	June				
	July				
	August				
	September				
	October				
	November				
	December				
	Total				
	Certificati	ion by Respon	sible Of	ficial	
Based on information ar		reasonable inquiry, at are true, accurate,			formation in this
Signature*:	documen	it are true, accurate,	Date:	G .	
Printed Name:			Title:		
Phone #:		E-Mail Address:	. 100.		
*If a Title V permit has been issue "responsible official" as defined in	LMAPCD Regulation 2.1	oursuant to LMAPCD Regu			

Page Identifier:

Form E54, Revised 1/31/2012